

05-04-05

IFW #

AMENDMENT TRANSMITTAL LETTER

Docket No.
GNN-010CPDVApplication No.
10/609218-Conf. #7566Filing Date
June 27, 2003Examiner
I. I. OuspenskiArt Unit
1644Applicant(s): Vincent LING *et al.*

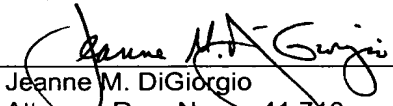
Invention: Prognostic and Diagnostic Methods for Spontaneous Abortion

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	27	- 21 =	6	x 50.00	300.00
Independent Claims	4	- 3 =	1	x 200.00	200.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,520.00

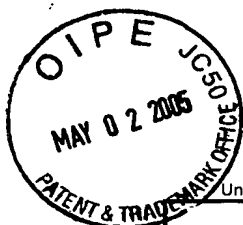
☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 12-0080 in the amount of \$ 1,880.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Jeanne M. DiGiorgio
Attorney Reg. No.: 41,710Dated: May 2, 2005LAHIVE & COCKFIELD, LLP
28 State Street
Boston, Massachusetts 02109
(617) 227-7400

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV466143487, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 2, 2005

Signature: 

(Jeanne M. DiGiorgio)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/609218-Conf. #7566
TOTAL AMOUNT OF PAYMENT (\$) 1,520.00		Filing Date	June 27, 2003
		First Named Inventor	Vincent LING
		Examiner Name	I. I. Ouspenski
		Art Unit	1644
		Attorney Docket No.	GNN-010CPDV

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 27 - 21 = 6 **Extra Claims** 6 x 50.00 = 300.00 **Fee Paid (\$)** 300.00

Indep. Claims 4 - 3 = 1 **Extra Claims** 1 x 200.00 = 200.00 **Fee Paid (\$)** 200.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u> - 100 = <u> </u> /50 <u> </u> (round up to a whole number) x <u> </u> = <u> </u>				

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>1253 Extension for response within third month</u>	<u>1,020.00</u>

SUBMITTED BY			
Signature	<u>Jeanne M. DiGiorgio</u>	Registration No. (Attorney/Agent)	<u>41,710</u>
Name (Print/Type)	<u>Jeanne M. DiGiorgio</u>	Telephone	<u>(617) 227-7400</u>
		Date	<u>May 2, 2005</u>

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Dated: May 2, 2005

Signature: Jeanne M. DiGiorgio (Jeanne M. DiGiorgio)